

Evaluation of the *IFSPweb* in Nebraska Final Report

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Introduction

Federal law (Individuals with Disabilities Education Act (IDEA), 1997) requires that states participating in Part C, Services for Infants and Toddlers, “....maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system.....” The challenges of preparing and maintaining trained personnel to provide these early intervention services systematically across this rural state have been ongoing. With educational, medical, and health and human services dispersed across the state in local communities but administered at the state level, there is a continuous call for efficient and economical processes for educating practitioners and families about unique rights and responsibilities associated with the federally-mandated Individualized Family Service Plan (IFSP). The *IFSPweb* is a web-based tutorial designed to educate parents and professionals about the IFSP process and document in Nebraska and promote best practice in early intervention services across the state.

Part C Service Coordinators, in particular, come to the position of state-employed early interventionist with little or no discipline-specific training for the job. Unlike allied health, educational and human service providers who enter the work force with discipline-specific college coursework and practicum that introduced them to the IFSP and the philosophy of family-centered services, the Service Coordinators have no such history or preparation. They represent no one professional discipline and have no professional organization through which to seek guidance and training. Criteria for the position of early intervention service coordinator varies across the state but at a minimum must include: knowledge of families and community resources, as well as disabilities and cultural diversity of their community and skills for working with a team and families as equal partners through listening, interviewing and conversation. No degree in social work, education or allied health is required.

Purpose: This study intended to evaluate the current use of the *IFSPweb* Tutorial (<http://www.answers4families.org/ifspweb>) as a training tool for Nebraska Early Intervention Service Coordinators. Specifically, the study aimed to answer the following questions:

1. *What percent of currently employed Service Coordinators acknowledge visiting the IFSPweb for at least 1 hour?*
2. *Does time spent on the IFSPweb result in increased knowledge about the IFSP process, document or family-centered services?*
3. *What do Service Coordinators find useful or difficult about using the IFSPweb*
4. *How can the state assure appropriate orientation for its Early Intervention Service Coordinators to family-centered services and the IFSP process and document in Nebraska?*

Methods

Participants

Sixty Early Intervention Service Coordinators employed by Nebraska Department of Health and Human Services across the state of Nebraska were contacted by phone for participation in this *IFSPweb* study. The list of 64 currently employed Service Coordinators was obtained from the Department of Health and Human Services, Early Development Network Coordinator; four of the Service Coordinators listed were, in fact, no longer employed. The sixty Service Coordinators answered preliminary questions regarding their current position and their knowledge of the *IFSPweb* Tutorial. These sixty Service Coordinators had a mean 4.7 years of employment in these positions (mode = 8 years, range 3 months to 10 years). **A total of 42 Service Coordinators were invited to participate in the study beyond the collection of basic demographic information.**

In addition, 65 undergraduate students enrolled in summer courses at the University of Nebraska-Lincoln Department of Special Education were invited to participate. Announcements were made in two introductory courses about this study and consent forms distributed. Interested students returned signed consent forms or contacted the primary investigator by phone or email. **Eleven students agreed to participate** in the study. Ten of the eleven students reported no knowledge of the IFSP process; all were unaware of any website that addressed this topic. **Only ten students however, completed the Pre- and Post-test for this study.**

Procedure: Service Coordinators

All sixty Service Coordinators were called at their home, cell or office phone during an 8-week period in June-July, 2002. If Service Coordinators were not available messages were not left; an average of five phone calls were needed to reach the Service Coordinators (range 1-17) with 51% requiring four or more calls.

A standard telephone interview guide was used by the primary investigator and trained graduate assistant who completed the majority of calls. The telephone interview began with eight questions and took approximately three minutes to complete. The eighth question on the interview inquired if the Service Coordinators had visited the *IFSPweb Tutorial* designed by the state of Nebraska and associated with the Answers4Families website. **Twenty-six Service Coordinators reported no experience with or less than one hour exposure to this *IFSPweb* site** and were subsequently invited to participate in the study and be assigned to the experimental group. **Thirty-two Service Coordinators reported exposure at least twice to the *IFSPweb* site (or more than one hour),** and were considered candidates for a control group; sixteen were randomly selected and invited to participate. Consent Forms were mailed to all participants in the experimental and control groups.

Experimental Group. A Pretest of knowledge was administered over the phone to all Service Coordinators in the experimental group. This 44-item True/False (T/F) test covered all sections of the *IFSPweb* Tutorial including items that addressed *Legislation*

(n =4 items), *Referral and MDT Process* (8), *Teaming* (2), *Professional Relationships* (2), *Service Coordination* (5), *Family-Centered Services* (3), *Team Evaluation and Continuing Education* (2) and sections of the IFSP document such as *Concerns & Priorities* (4), *Present Levels of Abilities* (1), *Outcomes* (4), *Natural Environments* (2), *Family Strengths* (2), *Documented Services* (4), and *Transitions* (1). One-half of the items were worded as False statements and one-half as True. The pretest and post-test were completed for all participants in 12-20 minutes.

Following completion of the Pretest, participants were asked to commit to a scheduled phone interview for the Post-test two weeks hence. Participants were then mailed an orientation packet that briefly outlined the history and rationale for the IFSP, a description of a child and family they would hypothetically be asked to assist, and the URL for the *IFSPweb* site that they would visit as part of the study. Participants were encouraged to visit the website "as often as you like during the next two weeks." The Post-test was administered again by phone at an agreed upon time, generally two weeks after the Pre-test; this second phone interview included questions about how much time the participants spent on the website and their reactions to it.

Control Group. Sixteen Service Coordinators who reported experience with the *IFSPweb* site were asked to complete a one-time-only test of knowledge. This Post-only True-False test was identical to the 44 items used in the Pre-test and Post-test for the experimental group. These participants were also asked to share their opinions about the usefulness of the *IFSPweb* site.

Procedure: Student Participants

A similar procedure was used to interview and test student's knowledge before and after their visit to the *IFSPweb* site. An identical orientation packet was mailed to them following completion of the Pre-test. Instead of phone contacts, however, students were permitted to enface interviews; six students completed their Pretest face-to-face with a trained graduate student and three completed their Post-test in this manner. Students were asked the same questions posed to the Service Coordinators. Students were compensated \$25 for their efforts to spend as much time as they like (at least 1 hour) over a two-week period on the *IFSPweb* Tutorial.

Results

Percent of Service Coordinators Visiting the IFSPweb Tutorial

Just over half (n = 34; 56%) of the currently employed Service Coordinators in Nebraska reported knowledge of and experience visiting the *IFSPweb* Tutorial at least once for at least two hours (mean = 8 hrs). A total of **26 Service Coordinators reported no experience** (n =16) or less than one-hour exposure to the *IFSPweb* Tutorial (n =10).

Does IFSPweb Increase Knowledge?

A total of **14 Service Coordinators and 10 students completed both a Pre-test and Post-test of knowledge** and visited the *IFSPweb* Tutorial during a two-week period. Twelve Service Coordinators, eligible for the experimental group, declined the invitation

to participate for a variety of reasons (see Table 1), including individual time constraints, lack of interest and belief that web-based information would be non-applicable to them. Three of these Service Coordinators completed the Pre-test but never returned a signed consent form; these data are not included in the results.

In addition, **nine of the sixteen randomly-selected Service Coordinators who reported experience with the *IFSPweb* Tutorial completed a Post-only test of knowledge as a control group.** Three more Service Coordinators targeted for the control group declined to participate and four completed the test of knowledge but failed to return a signed consent form, eliminating their data from the study. Time constraints prohibited the contact of more participants for the control group.

Eleven students agreed to participate in the study. All eleven completed the Pre-test of knowledge and submitted a signed consent form. However, only **ten students could be reached to complete a post-test.**

The 14 Service Coordinators in the experimental group passed an average of 29.2 of the 44 items on the Pre-test of knowledge. The ten students averaged a score of 25.6. Almost consistently, both students and Service Coordinators missed falsely-worded items by agreeing they were true.

The mean Post-test scores for the two experimental groups (S.C.s and students) suggest little improvement in knowledge as indexed by the 44 True-False items. The 14 Service Coordinators averaged a Post-test score of 30.2 and the 10 students 25.9. The control group of 9 Service Coordinators averaged a score of 31.4. Again, for all groups, nearly all error items were false statements but believed to be true. **Table 3 presents a summary of these data.**

There were no statistically significant differences in the Pre-test scores and Post-test scores for the Service Coordinators and students. Furthermore, there were no statistically different scores on the T/F test for the two groups of Service Coordinators despite the significantly higher amount of time reported on the Tutorial for the control group. Both groups of Service Coordinators scored significantly higher on the T/F Post Test than the students. It would appear, however, that professional experience and not the *IFSPweb* Tutorial would explain these findings since the Pre-test scores for the students were significantly lower than those for the Service Coordinators in the experimental group.

The only statistically significant finding was for the amount of time the control and experimental groups of Service Coordinators spent on the *IFSPweb* Tutorial. Although there were no significant differences in the years of experience reported by either group, the more experienced *IFSPweb* Tutorial users indicated an average of 8 hours exposure (range 2 to 50 hrs) or 18 visits with the most common time commitment being about 5 hours. Service Coordinators who participated in the experimental group for this study and visited the website during a 2 week period reported an average of 1.6 hours total time on the website (range .5 to 5 hrs.) or just 1.5 visits with the most common time

commitment being 1 hour. Finally, the majority of students in the experimental group reported the mean of 1.5 hours on the website (range 1 to 2 hrs.) over an average of 1.6 visits.

Appendix A contains a summary of those test items that more than 50% of the participants in each group failed after reporting time on the *IFSPweb*. Although wording of the items as “False” statements may have added to the challenge, it is also possible that the content of these items was not easily learned or attended to in the time participants reported spending on the website.

Comments about IFSPweb Tutorial

One half (n =30) of the contacted Service Coordinators had no comments to make about the *IFSPweb* Tutorial, regardless of their experience with it. Of those making comments, 24 had positive things to say about the value of the site, three gave both positive and constructive suggestions for improved use and three others made only specific suggestions for improved use of the website. Appendix B contains a listing of these comments.

Overall, the Service Coordinators who have visited the *IFSPweb* Tutorial reported it provides valuable information, is organized in an easy-to-use format and appropriate for both professional and family use. Suggestions included increased orientation training by the state to learn about Service Coordination, paid work time or incentives to visit the *IFSPweb* Tutorial, a need for more language that reflects the Primary Provider Model and the addition of a vocal component to the site for those who prefer to listen to vs. read the text.

Students were less specific in their comments. The majority made very positive comments. The few constructive statements included mention of the lack of specific agencies/services for a particular disability and family support groups. See Appendix B for a listing of all student comments.

Conclusions

The state-supported *IFSPweb* is not being accessed by all Service Coordinators as a site for orientation to the job or for continuing education. Nearly one-half (26/60) of all currently employed Early Intervention Service Coordinators in Nebraska reported never or minimally (less than one hour) visiting the Tutorial since being hired. Comments from Service Coordinators suggested a general interest in the tutorial and satisfaction with its content once they did visit it. However, lack of time and incentives to use the tutorial as part of their job training appear to keep many Service Coordinators from exposing themselves to the site. The pool of Service Coordinators contacted for this study were split clearly into those who never/minimally use the Tutorial and those who have used it numerous times for needed clarification of information. These findings suggest general satisfaction with the content contained in the *IFSPweb* Tutorial.

To-date, the knowledge to be gained from visiting the *IFSPweb* Tutorial is unknown. Pre-Post test scores on a T/F test failed to reveal any change of knowledge. Experienced Service Coordinators scored higher than first time, naive visitors (students) to the site. However, erroneous identification of False statements as True and comments noted during the administration of the Post test suggests that most participating Service Coordinators were unable to confidently discern accurate facts on various topics associated with the IFSP process or document. Furthermore, self-report, and not verified time spent on the website may have influenced the grouping of subjects and possibly the interpretation of the results. These findings suggest a number of strategies for further analyses of the website and training/orientation of Service Coordinators.

Recommendations

1. A more accurate assessment of the knowledge gained on the *IFSPweb* Tutorial may be possible using multiple choice vs True/False test items for a Pre-Post test design. Furthermore, a written versus verbally-administered test might permit identification of knowledge not possible with the formats used in this study.
2. The attractiveness and reported satisfaction with the *IFSPweb* Tutorial suggests that it could be used for orienting new Service Coordinators. Incentives and time need to be provided for such on-the-job training. An orientation package that combined, extended time (greater than 2 hours) on the website over a few days, with opportunity for discussion with a mentor or state-representative as well as a test of knowledge (multiple choice) prior to beginning services to families and 2 months and 6 months into the job might assure greater use of the website tutorial and increased confidence about knowledge gained as part of the orientation training.

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Table 1*Service Coordinators' reasons for not participating in the study*

The Internet is not a comfortable way for me to learn.

Busy time of year, difficult to schedule times to call and connect because I spend a lot of time on the road.

I don't have time and don't feel I would use the site.

Do not have time to participate in the project or to visit the website.

Too busy to participate.

It is the busiest time of year so I do not have the time to participate.

I don't want to make the time investment; I have other commitments.

I have no time; even if it was mandated to use the IFSP website, I would do so grudgingly.

I support the project but I am too busy; I cannot commit to the time involved.

I don't need global information about the IFSP. I choose to deal with families on a 1:1 basis and feel I cannot get that type of information in written form off a website. I don't feel the information on the website will help me when working with families.

I thought the project was important but too busy to continue. I will view the site at a later date.

Table 2
Available Sample and Participants

	<i>N</i>	<i>n</i>		
Service Coordinators Available	60			
No/little IFSPweb experience		29		
Agree to participate			17	
Complete Pre-test				17
Complete Post-test				14
Do not agree to participate		12		
Reported IFSPweb experience		31		
Randomly Selected			16	
for Control Group				
Agree to Participate				13
Return signed consent				9
and completed Post-test				
No consent signed				4
Do not agree to participate			3	
Students Available	65			
Volunteers		11		
No IFSPweb experience			11	
Returned Signed consent			11	
Completed Pretest			11	
Completed Post-test			10	

Table 3
Summary of Data and Analyses

	Experimental Service Coordinators	Experimental Students	Control Service Coordinators
Pre-test Score	29.0	25.6	-
Post-Test Score	30.2	25.9*	32.1
# Times on the Tutorial	1.5	1.6	18.3**
Years of Experience	4.2	-	4.9

* $F = 12.56, p < .0001$

** $t = -2.873, p < .02$

Appendix A

Pre-Post Test items and the percent from Student (N =10) and Service Coordinator (N = 23) groups that contributed to the 50%+ fail rate per item.

TRUE/FALSE ITEMS:

	% students	% SCs
Legal		
1. (T) Federal law, the <i>Individuals with Disabilities Act (IDEA)</i> , requires an Individualized Family Service Plan (IFSP) be written for every infant or toddler with a disability and it must address all areas of development for each child.		
2. (F) The Early Intervention Act is a Nebraska State law that tracks Part B of a Federal law. It entitles infants, toddlers and preschool children with delays or disabilities and their families to early intervention services and to free service coordination.	-90%	-43%
3. (F) The IFSP is an option for families with children under the age of three who have disabilities in lieu of the required Individualized Education Plan.	-100%	
4. (T) Both Rule 51 and NAC 480 address the procedures and content requirements for an IFSP written in Nebraska.		
Process		
5. (F) A Multidisciplinary Team evaluation by public school personnel is not required on every referral to determine eligibility of infants and toddlers for early intervention and service coordination.		
6. (T) The meeting to develop the initial IFSP must be conducted within 45 calendar days of the referral.		
7. (T) The IFSP team is established after a Multidisciplinary Team determines a child's eligibility and before an actual IFSP meeting.		
8. (F) A formal IFSP meeting, between families and professionals, must be conducted every 6 months to evaluate the IFSP progress and needs for a child and their family.	-90%	-65%
9. (F) An informal review of the IFSP for a child and the child's family must be conducted every three months.	-50%	-39%
10. (F) Under Part C of IDEA, services outlined on the IFSP should be provided for infants and their families throughout the school year and additionally in the summer at the family request.	-100%	-52%

11. **(T)** The family can invite whoever they desire to be members of the IFSP team, including such persons as doctors, neighbors, relatives, friends and baby sitters/child care providers.
12. **(T)** A child with Down Syndrome has an established condition that is highly associated with developmental delays and therefore is eligible for early intervention services without documentation of delays at this time.
-60%

FCS

13. **(F)** Family Centered Services are designed to improve interactions among family members so they can best meet the needs of their children with disabilities.
14. **(T)** Family Centered Services are intended to empower families so that they view themselves as change-agents and capable of handling future challenges in raising and educating their child with disabilities.
-100% -91%
15. **(T)** Family Centered Services are intended to empower families so that they view themselves as change-agents and capable of handling future challenges in raising and educating their child with disabilities.

Relationships

16. **(F)** The family and each professional on the team need to establish social relationships that will permit comfortable acceptance of ideas and services.
-90% -83%
17. **(F)** Healthy, collaborative work relationships with families can often be achieved in just one meeting or contact.

Teaming

18. **(F)** A transdisciplinary team consists of a group of people who perform tasks independently but share information, knowledge and skills across disciplinary boundaries.
-100% -74%
19. **(T)** Strong IFSP teams seek parental input in the decision-making and planning processes.

Service Coordination

20. **(T)** Services Coordination is provided with no cost to the families who have an IFSP.
21. **(F)** A family may decline Services Coordination initially but will not be eligible for Services Coordination at a later date in the community's Early Intervention Programs.

22. (F) Service Coordinators in Nebraska are critical members of the MDT evaluation process and are active participants on the IFSP team. -90% -74%
23. (T) Service Coordination means the activities carried out to assist and enable an eligible child and family to receive rights, procedural safeguards and services that are authorized under the Nebraska Early Intervention Program.

Concerns and Priorities

24. (F) Family concerns and priority outcomes should be identified before the Multidisciplinary Team evaluation. -90% -61%
25. (F) Prior to an IFSP meeting, the family should be encouraged and assisted in rank ordering their concerns in order of importance.
26. (T) Concerns are a statement of awareness that things are not as they should be for the child or for the family.
27. (T) A routine-based interview can be helpful in identifying family concerns and needs for everyday life with their child with special needs.

Present Level of Abilities

28. (F) A description of the child's abilities and strengths should be included on the Multidisciplinary Team Report for all developmental domains including: communication, movement, socialization, critical thinking or cognition, vision, hearing, health, and self-help skills. -100% -78%

Outcomes

29. (F) IFSP Outcomes are more useful and clear if they include words such as "improve," "increase" or "develop" to clarify what outcome is specifically desired. -90% -52%
30. (T) IFSP Outcomes may include desired developmental behaviors for the child and desired changes or needs for the family, parent, or home.
31. (F) IFSP Outcomes should, whenever possible, be worded to reflect desired and reasonably possible outcomes for the next 1 year period. -90% -61%
32. (F) Wording on the IFSP Outcomes should reflect the reports by the various professions represented on the team. -100% -61%

Natural Environments

33. (T) Federal Law (IDEA, Part C) defines natural environments as "settings that are natural or normal for the child's age peers who have no disabilities."

34. (F) Settings other than natural environments are permissible for delivery of IFSP services as long as a nondisabled child participates. -35%

Family Strengths

35. (T) Family strengths include traits, efforts, talents and resources available to the family that are used to achieve specific outcomes.
36. (F) Each IFSP Outcome page must include mention of the child and/or family strengths that are specifically useful to the overall IFSP process. -90% -87%

Team Services

37. (F) The IFSP document should not include a listing of both the free (publicly sponsored) and “for-pay” services the family will seek to achieve the listed Outcomes.
38. (T) Each Outcome page should include a description/listing of where services will be provided for that outcome as well as the frequency of such service and how the progress and achievement will be measured.
39. (T) The IFSP serves as the *Plan of Care* for the Home and Community-based Waiver and Plan of Services under Medicaid.
40. (T) The IFSP must include mention of services from community agencies other than the public schools if such services will be pursued to address listed outcomes for family or child.

Living Documents

41. (T) The IFSP document serves as part of the application for Medicaid’s Home and Community-based Waiver and Social Security Income.

Transitions

42. (F) Any past transitions between service agencies or locations (such as hospital to home), service models (such as individual to group), service providers (such as school employees to clinic employees) or service schedules must be outlined on the IFSP document. -100% -78%

Where to Go

43. (T) Both videos and books about the IFSP process are listed for future reference on a state IFSP website.

Evaluate your team

44. (T) Effective IFSP Team members (including a parent) meet periodically to evaluate 1) their roles, 2) their communication styles and effectiveness, 3) the

team meeting organization and effectiveness and 4) goal setting and decision-making procedures.

Appendix B

Service Coordinators' and Students' Comments about the IFSPweb Tutorial

Service Coordinators

<u>ID#</u>	<u>Response</u>
------------	-----------------

- | | |
|-----|--|
| 1. | <i>No response</i> |
| 2. | Reliable information, always updated. I check the section pertaining to the structure of the IFSP document regularly because I am always looking for better ideas. |
| 3. | Nice reference. I can copy information for other team members who may be struggling. |
| 4. | Excellent! Both families and I use the site. I print information and use it when presenting at meetings. |
| 5. | Needs more information to be family-centered. The language needs to be improved to reflect a primary provider model. |
| 6. | The cornerstone section is great! I will use it during a training retreat. |
| 7. | We use the Pre/post test for staff evaluations. The functional goal section is beneficial. |
| 8. | <i>No response</i> |
| 9. | The functional goal section is beneficial. The site aides in finding strategies that work. |
| 10. | Very beneficial, good document. I have shared information with a Speech-Language pathologist who asked for information regarding the IFSP process. I routinely give a pamphlet with the website address to families before the IFSP meeting so the can view the process before the actual meeting. |
| 11. | The wording and explanations are helpful, especially in the section that talks about how to write an IFSP. |
| 12. | I have printed it off and make reference to it at least once a month |
| 13. | Great resource! We use it for training for service provider. |
| 14. | I recommend the site to new Service Coordinators. It is the best way to learn the IFSP process. It would also be beneficial to other service providers because some service providers are not aware of the additional resources available to the families in areas outside their specialty. |
| 15. | Need training by the state so time is set aside to learn about Service Coordination. No direction is given to use work- time to visit the IFSPweb. Some view the website as "extra", above and beyond their job. |
| 16. | The site is difficult to use if not accustomed to using computers. It was difficult to get around the site. |
| 17. | <i>No response</i> |
| 18. | Good site! It would be beneficial to have the site in other languages, specifically Spanish. |
| 19. | <i>No response</i> |
| 20. | <i>No response</i> |
| 21. | <i>Not participating</i> |
| 22. | <i>Not participating</i> |
| 23. | <i>Not participating</i> |
| 24. | It contains a lot of information for families (possibly too much), especially the legal sections. |
| 25. | <i>No response</i> |

26. *No response*
27. *No response*
28. Great! I just need time to sit down and go through the site.
29. -----
30. *No response*
31. *No response*
32. Family-friendly website.
33. -----
34. *No response*
35. Great reference if questions arise. New Service Coordinators should use it in their orientation.
36. The overview of the process (dates and laws) is beneficial. Also, the reminder of how to write appropriate goals is useful.
37. Useful, I print information for families from the site.
38. Helps me understand how to write the IFSP document and how to facilitate interactions with family members. It's a nice refresher to understanding the IFSP process. I have given the URL to the families who have Internet access.
39. The section on how to write goals in functional terms is the most beneficial section.
40. Can use the site as needed when question arise. It is written with a "hands-on" approach."
41. *No response*
42. *No response*
43. *No response*
44. -----
45. -----
46. *Not participating*
47. *Not participating*
48. -----
49. *Not participating*
50. *Not participating*
51. *No response*
52. *Not participating*
53. I will use the site as a reference point to know how to move forward. Families can also use the site as a way to be involved in the understanding of the IFSP process.
54. Good site, structured well! The information is easy to understand for Service Coordinators and families alike. I had difficulties moving around the site (I had to login each time I switched screens).
55. *Not participating*
56. *Not participating*
57. *No response*
58. *Not participating*
59. Very helpful to professionals and to families. The site is simple and easy to use. The only barrier to its use by professionals is time. Incentives are needed to go there early in the job.
60. *Not participating*
61. I use the site all the time. I share information from the site with parents.

62. Very thorough website; if you have a question, you'll find the answer on the site. A suggestion would be to add audition to the site for learners who like to hear the words.
63. *No response*
64. *No response*
65. *Not participating*

Students

<u>ID#</u>	<u>Response</u>
1.	<i>Many links. I had to re-login in each time I changed pages (25 X). The timeline was helpful.</i>
2.	<i>Very good site. Very detailed and a lot of information. I'm using the info for my nephew in the future.</i>
3.	
4.	<i>Lots of information</i>
5.	<i>Well outlined. A Lot of information. It takes you right to a section if you know what you are looking for. I've recommended it to someone who wouldn't know it was out there, if they need it.</i>
6.	<i>I was a little overwhelmed. There is a lot of information. I spent a lot of information looking for information for my hypothetical family. Couldn't find information about other families or support groups.</i>
7.	<i>Wonderful! Easy to navigate. I liked the graphics. It was technical but also set up for a lay person. It showed what services my hypothetical family would have available to them and legal rights.</i>
8.	<i>Very interesting. Set up well.</i>
9.	<i>I sent my feedback on the website. I couldn't find answers to some test items. It would be nice if they linked back to help you find answers.</i>
10.	<i>Very helpful. Clarified many things regarding special education. It included all services a child may be eligible for. More examples. I have already used it with a real family.</i>
11.	<i>There were not any specific programs/agencies listed. Site is more about the process not as much about specific services for Down Syndrome. Procedures and documents may be helpful for future reference</i>